

Limited Liability Company (LLC) Formation Checklist

Questions on how to complete this form?
Call (678) 707-8044 ext 6 from 8am - 5pm
EST or email info@paramounttax.com

Return completed forms to:
info@paramounttax.com or
fax form to: 1-800-878-0429

Organization

ORGANIZATION - 1ST CHOICE FOR NAME OF ENTITY

2ND CHOICE FOR NAME OF ENTITY

3RD CHOICE FOR NAME OF ENTITY

IN WHICH STATE ARE WE FORMING YOUR ENTITY?

IN WHICH STATE(S) WILL YOU DO BUSINESS?*

IF YOUR ENTITY WILL OWN RENTAL PROPERTY, CONDUCT BUSINESS, OR PAY WAGES IN ANOTHER STATE, WE WILL NEED TO REGISTER THE ENTITY IN THE OTHER STATE AS WELL. IF THIS IS THE CASE, IN WHICH OTHER STATE OR STATES WILL WE NEED TO QUALIFY YOUR ENTITY?

NATURE OF BUSINESS ACTIVITY? (BASIC ONE-LINE SUMMARY. A TYPICAL STATEMENT FOR ASSET HOLDING IS "TO HOLD & MANAGE INVESTMENTS.")

Members & Managers

WILL YOUR LLC BE MANAGED BY SOME/ALL OF ITS MEMBERS, OR BY A MANAGER? (PLEASE NOTE THAT A SEPARATE CORPORATION OR LLC MAY BE USED TO SERVE AS THE MANAGER.)

Member Managed Manager Managed

IF MANAGER MANAGED, LIST A MANAGER NAME (MR., MRS., OR MS.)

NAME(S), ADDRESS(ES), AND INTEREST PERCENTAGES OF YOUR MEMBERS.

PLEASE NOTE IF THE COMPANY IS MEMBER MANAGED, ALL MEMBERS ARE MANAGERS. PLEASE LIST NAMES OF ALL THE MEMBERS. IF THE COMPANY IS MANAGER MANAGED, PLEASE LIST THE NAME OF THE MANAGER(S), AND PROVIDE THE NAMES OF ALL THE MEMBERS. MEMBERS MAY HAVE EQUAL INTEREST OR DIFFERING INTEREST, DEPENDING ON THE AMOUNT EACH PERSON IS INTENDING TO CONTRIBUTE TOWARDS THE LLC.

NAME (MR., MRS., OR MS.)

ADDRESS

INTEREST PERCENTAGE

NAME (MR., MRS., OR MS.)

ADDRESS

INTEREST PERCENTAGE

NAME (MR., MRS., OR MS.)

ADDRESS

INTEREST PERCENTAGE

*HOW YOU WOULD LIKE YOUR LLC TO BE TAXED CAN BE DECIDED AFTER FORMATION.

**IF THE STATE YOU ARE DOING BUSINESS IN IS DIFFERENT THAN THE STATE YOU ARE FORMING YOUR ENTITY IN, WE WILL PROVIDE YOU WITH A QUOTE FOR QUALIFYING (OR REGISTERING) THE COMPANY IN A SECOND STATE.

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Members & Managers - Continued

NAME & SOCIAL SECURITY NUMBER OF ONE MANAGER OR MANAGING MEMBER (IF NONE OF YOUR ENTITY'S MEMBERS, MANAGERS OR PARTNERS ARE U.S. PERSONS, PLEASE PROVIDE A LEGIBLE PHOTOCOPY OF THEIR PASSPORT WITH A PHOTOGRAPH AND IDENTIFICATION PARTICULARS.)	NAME	SOCIAL SECURITY NUMBER

VOTING – PLEASE SELECT ONE:

Unanimous
 Simple Majority
 Two-Thirds
 Other: _____

IF A MEMBER IS A TRUST, LIST THE TRUSTEE'S NAME	ADDRESS	INTEREST PERCENTAGE
IF A MEMBER IS A COMPANY, LIST THE COMPANY'S PRESIDENT OR MANAGER	ADDRESS	INTEREST PERCENTAGE

Contact Information & Services

HOW DID YOU HEAR ABOUT PARAMOUNT?

DO YOU WANT PARAMOUNT TO REMIND YOU OF YOUR ANNUAL REGISTRATION FILING FOR YOUR BUSINESS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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YOUR CONTACT DETAILS: THIS IS NOT FOR THE PUBLIC. THIS IS HOW WE CONTACT YOU AND WHERE WE CAN SEND YOUR DOCUMENTS.	NAME (MR., MRS., OR MS.)	
	ADDRESS	
	EMAIL	
	TELEPHONE (MAIN)	CELL
	FAX	